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To: Examiner Matthew John Kasztejna
Art Unit: 3739

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 19

Phone: 571-272-6086

Date: March 14, 2007

Re: USSN: 10/823,832
Our Docket: 17640

CC:

RESPONSE TO THREE-MONTH OFFICE ACTION

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1. Response W/Transmittal in Duplicate
2. Authorization to Charge Deposit Account 19-1013/SSMP for \$300.00
3. Certificate of Transmission Under 37 CFR 1.8

Applicants: Masatoshi Homan, et al.
Serial No.: 10/823,832
For: CAPSULE ENDOSCOPE APARATUS
Filed: April 14, 2004
Docket: 17640
Dated: March 14, 2007
TS:cm

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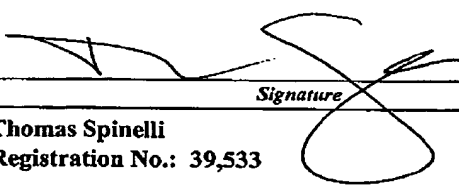
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Masatoshi Homan, et al.					Docket No. 17640	
Application No. 10/823,832	Filing Date April 14, 2004	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5643	
Invention: CAPSULE ENDOSCOPE APPARATUS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
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INDEP. CLAIMS	10 -	10 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$300.00	
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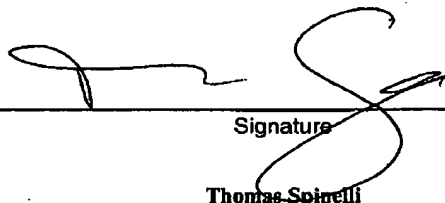
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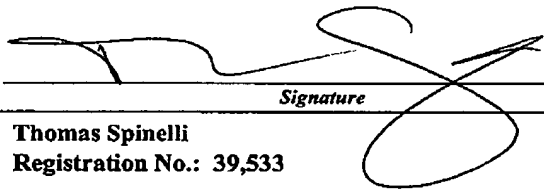
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<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-1013/SSMP in the amount of \$300.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
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